

Endocrine Programmed Investigation Unit

Discharge instruction following Pituitary Surgery



Information for patients and carers

Please keep this leaflet safe as it tells you when to have check-ups, explains what to do if you have any concerns and allows you to keep a record of your progress.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

Your Endocrinology and Neurosurgery teams has decided you are fit to be discharged home. Here are some helpful information to guide you through your recovery.

Activity and mobility

- For the first two weeks after surgery, avoid heavy lifting over 10lbs or 4kgs, bending over such as placing your head below the level of your heart, and excessive straining.
- Gradually increase your activity so that you're back to your normal routine within 4–6 weeks after surgery
- We encouraged you to have an afternoon nap during the first two weeks after surgery to promote rest.
- Early mobilisation helps prevent many postoperative complications such as pneumonia and blood clots.
- You should be up and about as much as you feel able to, start by transferring to the chair and sit up every mealtime.

Work

- We recommend for you to be at least 2–3 weeks off work after surgery. Working at a desk on a computer is often possible after 1–2 weeks.
- The discharge nurse can provide you with a sickness note to cover the period of your hospital stay.

Diet

- You may resume your usual diet after surgery. Once you are fully awake from the anaesthetic, start by drinking water/clear liquids. If there are no problems handling liquids, you may try eating. Sometimes most patients prefer softer options for the first few days.
- It is expected that you may feel sick after surgery and would not want to drink or eat, you may continue to have intravenous fluids



to prevent you from dehydration. When you feel better, you may try drinking and eating as tolerated to regain your strength.

Bathing and showering

- Wait for at least 24 hours before showering. Showering is preferable to bathing at this time since soaking the wound may soften the scar tissue and cause them to open.
- Avoid getting your abdominal incision wound wet for the first four days, you should cover it with wound dressings.
- Waterproof dressings may help protect your wound while you are taking a shower.
- Do not put any soap, body wash, shower gel, lotion, or any chemical products directly into the healing wound. This is to avoid discomfort and infection.
- Pat the wound dry gently after shower/bath.

Smell, taste and nasal care

- You may experience a dulling of your sense of smell and taste, but this usually returns to normal over time.
- Do not forcefully blow your nose, and try to avoid sneezing for the first week after surgery to prevent bleeding and headaches
- Mild bloody or slightly discoloured mucus can occur during healing, but it should not be persistently yellow or increase over time.
- Yellow or green discharge may suggest infection. You might also have a fever, headache, facial pain, or a foul smell. please contact the medical team when this occurs.
- Cerebrospinal fluid leak (CSF) can appear clear or slightly yellow (straw-coloured). it may leak from the nose or throat. This is urgent, as it increases the risk of serious infection like meningitis.
- Use of saline irrigation 2–3 times a day may help decongest your nose. Any decongestant or steam bath may also be helpful improve nasal airflow.



- You may develop a sinus infection after pituitary surgery. Contact us or your GP if you notice a bad smell from your nose, thick yellow/green nasal discharge, facial pain, or congestion, as you may need oral antibiotics.

Abdominal/thigh stitches

- Endoscopic surgery has the advantage that no stitches are needed in or around the nose. However, if fat tissue is taken from your abdomen or thigh to repair a cerebrospinal fluid (CSF) leak, you may have stitches or clips in the abdominal area. Abdominal stitches are usually absorbable and dissolve on their own within 7–10 days. If non-absorbable stitches are used, they can be removed by a nurse at your GP clinic after 10–14 days. Your ward discharge nurse will provide further instructions.
- If the wound is healing, you may remove the wound dressing on the fourth day after surgery, there will be “steri-strips” which looks like paper stitches which should curl up and fall off on their own after two weeks. You may remove the “steri-strips” if they are still on after two weeks.

Vision

If you experienced any vision problems before your surgery, your eyesight will be assessed before you are discharged home to evaluate the benefits of the procedure. You will also have follow-up appointments with a neuro-ophthalmologist for ongoing monitoring. The DVLA (Driver and Vehicle Licensing Agency) must be informed if you have any visual field defect, double vision, or neurological complications that could affect driving.

Driving

If your vision is not impaired following your surgery, you may



resume driving two weeks after surgery. In this case you don't need to inform DVLA.

Travel

Air travel is avoided for the first six weeks of surgery to allow the surgical site to heal first and prevent any risk of air pressure changes that occur during flying.

Medication

Your follow up care will now be mainly on an outpatient basis. Careful monitoring of hormone and any replacement medication will be under the direction of an endocrinologist. Your hormone treatment must not be stopped without consultation with your endocrinologist.

Pain control after surgery

You will be prescribed with a pain relief after your operation.

- You usually need to take only one or two pain killers every four hours to relieve your pain. E.g. Paracetamol or codeine phosphate.
- Most patients need some pain relief during the first two weeks after surgery.
- You may reduce the frequency of your pain killers once your pain resolves.

Constipation

- Pain medication and anaesthesia can cause constipation. If this occurs, a high-fibre diet, gentle physical activity, and over-the-counter stool softeners such as lactulose may help.

Hormone treatments

- You may be prescribed hormones at the time of discharge to be taken regularly or as required. This will depend on your blood result following surgery. Your medications should be reviewed and



explained to you prior to your discharge. If you have any queries, please do not hesitate ask.

- If you are taking a glucocorticoid hormone such as dexamethasone, prednisone, or hydrocortisone, a separate information sheet will be given to you. Please be reminded that you will need to DOUBLE your steroid dose to cover yourself during stress or illness such as during fever, diarrhoea, nausea, vomiting or medical procedures. Contact us or your GP if you experience >3 times vomiting as you may need to use your Hydrocortisone emergency injection.

If you experience increased urination due to a condition called AVP deficiency, you may be prescribed desmopressin (DDAVP), a synthetic hormone that helps control this symptom. Please read the information leaflet provided with the medication and contact us if you have any questions or if your symptoms continue.

Prednisolone or hydrocortisone

These medications replace the stress hormones (steroids) normally produced by the adrenal glands under the control of the pituitary gland. They are essential for your body's response to stress. Your endocrinologist will determine how long you need to take them—this may be temporary (a few weeks) or permanent.

Thyroxine (Levothyroxine - thyroid hormone)

This medication should be taken every morning on an empty stomach, one hour before eating.

DDAVP (Desmopressin acetate - hormone for salt and water balance)

The pituitary gland may not produce enough of this hormone after surgery. This usually resolves within 3-4 days after surgery. Overdosing



of this medication may lead to low blood sodium levels causing listlessness, headache, confusion and decreased urine output.

Medic bracelet

If you have permanent pituitary insufficiency (hypopituitarism) and require long-term steroids (prednisolone or hydrocortisone) and/or DDAVP, you should carry a medic alert card in your wallet or wear a medic alert bracelet. This will alert medical personnel to the need for hormonal coverage in an emergency. If you do not have a medic alert bracelet or card, the nurse will give you an application form prior to discharge.

Your follow up explained

After you have gone home from hospital you will need to have several check-ups and tests so we can monitor you and make sure you are recovering well from your surgery.

Post-operative sodium blood level check – within the week after surgery

You should have your sodium levels checked within a week of your surgery. This can be done at King's (if you live nearby) or at your local GP surgery for convenience. Please ensure your GP sends the results either by fax to the Programmed Investigation Unit on **020 3299 8777** or by email to your key worker at

kch-tr.endonurses@nhs.net

Endocrinology follow-up appointment – within a month after surgery

You'll have a follow-up appointment with one of our Clinical Nurse Specialists (CNS), ideally within a month after your surgery. During this visit, the CNS will check on your recovery to ensure there are no post-surgery complications and give you the opportunity to discuss any concerns or questions you may have.



Dynamic tests follow-up appointment – within six weeks after surgery

You will have a series of tests in the Programmed Investigation Unit (PIU) after surgery. This is to check how well your pituitary gland is working and whether your pituitary gland is secreting the necessary hormones.

Endocrinology follow-up appointment

You may also need a follow-up appointment with one of our endocrine doctors after your surgery, either at King's (KCH) or at your local hospital. This appointment allows the doctor to review your recovery and discuss your ongoing treatment plan. They will then determine how frequently you should be seen, and which tests are needed to monitor your health.

MRI scan – three months after surgery

As part of our standard protocol three months after surgery, we will arrange imaging of your pituitary gland and surrounding structures to evaluate the success of your surgery.

Recovering after surgery

To ensure you receive the best care and support a smooth recovery, it is very important that you attend all follow-up appointments and contact us immediately if you develop any new symptoms, such as changes in vision, nasal leaks, or increased urination.



Keep a record if you experience any of the following:

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	Headaches	CSF leak	Diabetes insipidus	Changes in vision
Yes				
No				

Are you excessively thirsty and urinating very frequently?

Are you excessively thirsty and urinating very frequently?

If yes, you may find it useful to record the amount you drink and how much urine you pass. Bring this form with you when you next come to the endocrine clinic because as this may help in discussing your symptoms.

Time	Mon		Tues		Weds		Thur		Fri		Sat		Sun	
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
08.00														
09.00														
10.00														
11.00														
12.00														
13.00														
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1.00														
2.00														
3.00														
4.00														
5.00														
6.00														
7.00														
Total														
Times														

Please write the number of times you pass urine during the day and during the night.

Further information and support

The Pituitary Foundation is a charity which provides information and support to those living with pituitary disorders, including patients, their relatives, friends and carers. Support & Information Helpline, Monday – Friday, 9am – 5pm,
 Tel: **0117 370 1317** Web: **www.pituitary.org.uk**

I cannot attend my appointment – what should I do?

If you need to cancel or change your appointment, please give us at least 24 hours' notice, so we can arrange for you to visit us at a more convenient time. By letting us know in good time, we may be able to see other patients with urgent medical needs. Please contact PIU on 020 3299 3034/1385 9am and 4pm, Monday to Friday.

Who can I contact with queries and concerns?

Endocrine Nurse Specialists

Leah Laniba and Nicole Pantaleon

Tel: 020 3299 4047 or 020 3299 2047

Email: kch-tr.endonurses@nhs.net

Available Monday to Friday, 9am to 5pm

For emergencies, please call 999.

MyChart

The MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on 020 3299 4618 or email kings.mychart@nhs.net. Visit www.kch.nhs.uk/mychart to find out more.

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit **www.kch.nhs.uk**

Care provided by students

King's is a teaching hospital where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: **kch-tr.palsdh@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email kings.access@nhs.net